

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000032363**

1. Corporation Name
NICHOLAS E. BROWN, P.A.

Principal Place of Business
**6250 N. ANDREWS AVE.
SUITE 200
FT LAUDERDALE FL 33309**

Mailing Address
**6250 N. ANDREWS AVE.
SUITE 200
FT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 05/04/1993	
4. FEI Number 65-0414899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROWN, NICHOLAS E
6250 N. ANDREWS AVE.
SUITE 200
FT LAUDERDALE FL 33309**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE


12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P = President
STREET ADDRESS	BROWN, NICHOLAS E
CITY-ST-ZIP	2513 SUGAR LOAF LN FT LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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******150.00 ****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-99

Date

954 771-4994

Date/Time/Phone#

CR2E034 (11/98)

NICHOLAS E. BROWN, P.A.

APPRAISERS & CONSULTANTS

June 8, 1999

6250 North Andrews Avenue

Suite 200

Ft. Lauderdale, Fl. 33309

954.771.4994 TEL

954.771.9053 FAX

Division of Corporations:

To whom this may concern:

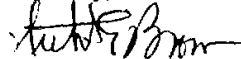
I just recently received my 1st Notice without penalty Profit Corporation Annual Report Packet after the deadline date of May 1, 1999. There was obviously a mistake with the mail or delivery of this packet as your office indicated that these packets are mailed out in January. After immediately reading this packet I was alarmed at the penalty fee and immediately called your assistance phone number at (850) 488-9000. I was instructed to write this explanation and enclosed my check of \$150.00 and mail to your Other Correspondence Address

at: Annual Reports Filing
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314.

Please accept this as my Filing Fee and process accordingly.

Thank you for your time and understanding in this situation. Should you have any questions, please do not hesitate to call me.

Sincerely,



Nicholas E. Brown,
President